

License No. _____

 F.P. _____

STATE OF MICHIGAN
THE OFFICE OF RACING COMMISSIONER
OCCUPATIONAL LICENSE APPLICATION

For _____
(period of time)

☐ AMERICAN PAINT
☐ APPALOOSA
☐ ARABIAN

☐ HARNESS
☐ QUARTERHORSE

☐ THOROUGHBRED
☐

FEE

<input type="checkbox"/> Apprentice Jockey	<input type="checkbox"/> Groom	<input type="checkbox"/> Pony Rider	<input type="checkbox"/> Track Employee _____ (specify)	<input type="checkbox"/> Vendor Employee _____ (product or service)
<input type="checkbox"/> Assistant Trainer	<input type="checkbox"/> Jockey	<input type="checkbox"/> Trainer	<input type="checkbox"/> Racing Official _____ (specify)	<input type="checkbox"/> Miscellaneous _____ (specify)
<input type="checkbox"/> Driver	<input type="checkbox"/> Jockey Agent	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Vendor _____ (product or service)	<input type="checkbox"/> Pari-Mutuel Teller
<input type="checkbox"/> Exercise Rider	<input type="checkbox"/> Owner	<input type="checkbox"/> Veterinarian Assistant		

2. APPLICANT'S NAME	(last name)	(first name)	(middle name)	3. SOCIAL SECURITY NO. (or Canadian Social Insurance No.)
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4. PRESENT ADDRESS (Number & Street or Rural Route, Box Number)	(City, Town or Post Office)	(State/Province)	(Zip Code)	(Country)
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5. PERMANENT MAILING ADDRESS (Number & Street or Rural Route, Box Number)	(City, Town or Post Office)	(State/Province)	(Zip Code)	(Country)
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6. PHONE NUMBERS (permanent)	(business phone)	(fax number)	(local number)	(cell phone)

7. EMAIL ADDRESS	8. CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER	(Country)	(Immigration Status)	(Alien Number)
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9. EMERGENCY CONTACT (name of person to be contacted)	(number and street)	(city)	(state)	(zip code)	(phone number)
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10. HEIGHT	11. WEIGHT	12. HAIR	13. EYES	14. SEX <input type="checkbox"/> M <input type="checkbox"/> F	15. DATE OF BIRTH	16. PLACE OF BIRTH	17. MARITAL STATUS
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18. LIST ALL STATE OR PROVINCE RACING LICENSES ISSUED TO YOU IN THE LAST TWO YEARS (If not previously licensed, check this box ☐)

<div style="border-top: 1px solid black; margin-top: 5px;">(Place)</div>	<div style="border-top: 1px solid black; margin-top: 5px;">(Year)</div>	<div style="border-top: 1px solid black; margin-top: 5px;">(Place)</div>	<div style="border-top: 1px solid black; margin-top: 5px;">(Year)</div>	<div style="border-top: 1px solid black; margin-top: 5px;">(Place)</div>	<div style="border-top: 1px solid black; margin-top: 5px;">(Year)</div>	<div style="border-top: 1px solid black; margin-top: 5px; text-align: right;">(Place)</div> <div style="border-top: 1px solid black; margin-top: 5px; text-align: right;">(Year)</div>
<div style="border-top: 1px solid black; margin-top: 5px;">LAST YEAR LICENSED IN MICHIGAN</div>						<div style="border-top: 1px solid black; margin-top: 5px;"></div>

IF THE ANSWER TO ANY OF QUESTIONS 20-28 IS
"YES", GIVE COMPLETE DETAILS BELOW
INCLUDING PLACE, YEAR, OUTCOME

19. List all other names you have used, including maiden name, nicknames. _____		
20. Have you ever been licensed in any state under any other name? If Yes, list (in the space provided to the left) the names and identify the state and the year.	20. <input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Have you ever been ruled off from any race track by any racing official, association or commission?	21. <input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Have you ever been asked to leave, been expelled or ejected from or denied the privileges of a race track?	22. <input type="checkbox"/> YES	<input type="checkbox"/> NO
23. Have you or any member of your immediate family (a) ever been employed by or associated with a bookmaker or any illegal gambling establishment or (b) ever owned, operated or frequented a handbook or other illegal establishment?	23. <input type="checkbox"/> YES	<input type="checkbox"/> NO
24. Have you ever had any permit or license other than racing license denied, suspended or revoked by any Federal, State, or local governmental agency?	24. <input type="checkbox"/> YES	<input type="checkbox"/> NO
25. Have you within the last 10 years been convicted, or forfeited bail or been fined for any criminal offense, either felony or misdemeanor (except traffic violations other than driving under the influence of intoxicating liquor)?	25. <input type="checkbox"/> YES	<input type="checkbox"/> NO
26. Are you now under charges for any offense against the law (except minor traffic violations)?	26. <input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Do you have any outstanding court-imposed judgments against you related to indebtedness for services or supplies in the racing industry?	27. <input type="checkbox"/> YES	<input type="checkbox"/> NO
28. List all license suspensions of 10 days or more occurring within the last 5 years.		

(Attach additional sheet if necessary)

29.	EMPLOYMENT OTHER THAN RACING	(where)	(job title)	(how long)
30.	HARNESS APPLICANTS – USTA Number Exp. Date <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> USTA Driver Designation A P Q M F CD Trainer Designation G L CD </div> <div style="width: 45%;"> SC Driver Designation A B C D F P Trainer Designation A F </div> </div>			SC Number Exp. Date
31.	OWNERS Name of your trainer(s) _____ LIST ONLY HORSES CURRENTLY RACING IN MICHIGAN OWNED or LEASED, SOLELY BY YOU _____ _____			LIST ONLY HORSES CURRENTLY RACING IN MICHIGAN OWNED or LEASED IN PART BY YOU, LIST WITH WHOM _____ _____
32.	Do you race under a stable name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of stable _____			
33.	Do you race under a partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with whom? _____			
34.	TRAINERS – Name(s) of horses in your charge _____ _____ _____			
35.	GROOMS, VENDOR EMPLOYEES, TRACK EMPLOYEES, ASSISTANT TRAINER, VETERINARIAN'S ASSISTANT Name of your employer _____ Endorsement, by trainer or employer _____			
36.	JOCKEY AGENT Name of jockey(s) _____ Endorsement of jockey(s) _____			
37.	INSPECTIONS and SEARCHES I expressly agree to be subject to the subpoena powers of the Michigan Racing Commissioner or a written request issued in lieu of a subpoena and to provide the Commissioner with any and all such information or documents which the Commissioner may so request as authorized under the Michigan Racing Law and rules. I further consent to be subject to the searches provided for in Public Act 279 of 1995, Section 16(4) that authorizes personal inspections, including urine and breathalyzer tests, inspections of any personal property, and inspections of premises and property related to my participation in a race meeting by persons authorized by the Racing Commissioner. I agree to fully cooperate with the Office of Racing Commissioner regulatory investigations and law enforcement investigations related to racing. I also agree to report racing violations and/or criminal activity occurring at or away from the track to the Office of Racing Commissioner or local, state, and federal law enforcement agencies.			
38.	WAIVER I understand the personal information provided on this form will be used to conduct a search for prior criminal records. I hereby authorize release of my criminal information to the Office of Racing Commissioner.			
39.	CERTIFICATION I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree that my license may be revoked at any time for misstatements or omissions in the foregoing application. I also agree to obey the rules of the Michigan Racing Commissioner and the State of Michigan statutes.			
40.	When last fingerprinted in Michigan for racing:		Applicant's Signature _____ date _____	
41.	Automobile Drivers License	(state)	(license number)	Approved By _____ date _____